

REPORT GENERATION MODULE

October 13, 1999

Updated January 5, 2009

To separate into
Case Reports Menu and
Management Reports Menu

SWSS Project

USER REQUIREMENTS

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1 INTRODUCTION

1.1 Purpose

The Report Generation module has been separated into two sub-menus. These two sub-menus contain icons for reports that can be generated by SWSS FAJ. Each section represents a unique work process in Children's Foster Care, Adoption or Juvenile Justice casework. The icons are tied together by patterns of flow of data applied to registering, opening, maintaining or closing a case. All sections are connected together through the Main Menu, which holds the log number of the case that is in use.

1.2 Target Audience

This document is intended for SWSS development staff, who will be developing a Detail Design document to address the requirements listed in this document. It will also be of interest to development staff charged with maintaining the SWSS automated system.

The following personnel may also be interested:

- SWSS Trainers
- FIA Help desk personnel
- SWSS advance users
- SWSS DIT Staff
- Zone Children's services specialists
- CFS Policy Staff

2 MODULE NARRATIVE

Collecting and collating data into a form is presently a time-consuming and inefficient method of record keeping. In the current business process the user manually completes the majority of the forms necessary in day to day casework. This manual process requires that the form be completed, in part or as a whole, as information changes.

The Report Generation Case Reports Menu supports the user by populating and printing those frequently used reports associated with this module. The module must allow users to print copies of the FIA133a, FIA5S (for Medicaid), FIA 719 ("CPA Case Report"), FIA-69 ("Foster Care Structured Decision Making Foster Care Action Summary"), FIA-1176 (Notice of Case Action) FIA-3205 (JJ/FC Ward Benefit Eligibility Record) and FIA-90 (Placement Outline).

The Report Generation Management Reports Menu provides the following reports: "Caseload Management," "Worker Case Planning," "Escape/AWOL for JJ", "AWOL Report for Children's Foster Care", "Adoption Active Caseload report," and "JJ and FC Active Case Management Report".

FIA staff who are involved are Children's Services workers and supervisors.

3 NAVIGATION FLOW

3.1 Screen Interaction

The Report Generation for Case Reports Menu should support the user by populating and printing those frequently used reports associated with this module. The module must allow users to print copies of the FIA133a, FIA5S (for Medicaid), FIA 719 ("CPA Case Report"), FIA-69 ("Foster Care Structured Decision Making Foster Care Action Summary"), FIA-1176 (Notice of Case Action) FIA-3205 (JJ/FC Ward Benefit Eligibility Record) and FIA-90 (Placement Outline).

The Report Generation Management Reports Menu must allow users to print the following reports: "Caseload Management," "Worker Case Planning," "Escape/AWOL for JJ", "AWOL Report for Children's Foster Care", "Adoption Active Caseload report," and "JJ and FC Active Case Management Report".

The user must have a way to evaluate what data will be printed on a form. The process can either be a preview of the form prompt or a message box indicating what data needs to be added in order to produce the form.

3.2 System Flow

There is no data entered in this module. This module will collect data from throughout the SWSS application to complete its function.

4 REQUIREMENTS LIST

The comprehensive (we hope) list of requirements derived from the original requirements, ensuing memos, emails, and test plan documentation.

4.1 Screen, Data, Out-of-Module, Output, Module and Miscellaneous Requirements

The following requirements were derived from the original requirements documents written by policy staff for the SWSS project. Any ensuing memos, emails, or test plans regarding the project were also searched. It is intended to be a comprehensive list of all requirements pertaining to the Report Generation module. Each individual requirement has a unique identifier; the two letter prefix identifies this particular module (RG = report generation).

The list is to be used in a Requirements Traceability Matrix, which will be comprised of all the requirements for all the SWSS modules, so that the status of each requirement can be tracked and verified.

RG-1 SCREEN REQUIREMENTS:

RG-1.1 There must be a “Case Reports” screen. This screen will serve as a central point from which most SWSS FAJ case specific reports can be accessed.

RG-1.1.1 The following list of reports must be accessible from the “Case Reports” module via icons or menu selections:

RG-1.1.1.1 FIA 133a

RG-1.1.1.2 FIA 5S (for Medicaid)

RG-1.1.1.3 FIA-176 Notice of Case Action

RG-1.1.1.4 FIA 719 Child Placing Agency Case Report

RG-1.1.1.5 FIA 69 Foster Care Action summary

RG-1.1.1.6 FIA-3205 JJ/FC Benefit Eligibility Record

RG-1.1.1.7 FIA-90 Placement Outline

RG-1.2 There must be a “Management Reports” screen. This screen will serve as a central point from which most SWSS FAJ case specific reports can be accessed.

RG-1.2.1 The following list of reports must be accessible from the “Management Reports” module via icons or menu selections:

RG-1.2.1.1 SWS- 008 Case Load Management

RG-1.2.1.2 SWS-004 Adoption Active Case Load

RG-1.2.1.3 SWSS-001, 002 & 003 Worker Case Planning Reports (Adoption, Juvenile Justice and Foster Care)

Report Generation module (includes Case Reports and Management Reports Menus)

- RG-1.2.1.4 SWS-007 Juvenile Justice Escape/AWOL
- RG-1.2.1.5 SWS-005 & 006 Active Case Management Reports (Foster Care and Juvenile Justice)
- RG-1.2.1.6 SWS-009 AWOL Report for Children's Foster Care
- RG-1.3 There must be an icon to return to Main menu from the Case Reports Menu and the Management Reports Menu.

RG-2 DATA EDITING REQUIREMENTS:

- RG-2.1 There is no data editing allowed on this module

RG-3 OUT-OF-MODULE REQUIREMENTS:

- RG-3.1 None.

RG-4 MODULE REQUIREMENTS:

- RG-4.1 The "Management Report Menu" will not use the selected log number when generating management reports.
- RG-4.2 The "Case Report Menu" must use the privileges determined by Main Menu to grant access to a form for the selected log number.
 - RG-4.2.1 When calling the FIA-5S module, "Case Report Menu" must check the user and the case state before generating a FIA-5S for input to CIS.
 - RG-4.2.1.1 The user must have update privileges to this case to generate a FIA-5S.
 - RG-4.2.1.1.1 If the user does not have update privileges, display a message that reads: "You cannot print a FIA-5S. You do not have update rights to this case."
 - RG-4.2.1.2 When printing a FIA-5S from Case Reports, if the current case is unregistered, display a message that reads: "You cannot print a FIA-5S. This case is unregistered."
 - RG-4.2.1.2.1 When printing a FIA-5S from Case Reports, if the current case is registered, an open FIA-5S for Medicaid will be generated.
 - RG-4.2.1.2.2 When printing a FIA-5S from Case Reports, if the current case is active, an update or close FIA-5S for Medicaid will be generated.
 - RG-4.2.2 When calling the FIA-133A module, "Case Reports" must check the user and the case state before generating a FIA-133A for input to ASSIST.
 - RG-4.2.2.1 The user must have update privileges to this case to generate a FIA-133A.
 - RG-4.2.2.1.1 If the user does not have update privileges, display a message that reads: "You cannot print an FIA-133A. You do not have update rights to this case."
 - RG-4.2.2.2 If the current case is unregistered, display a message that reads: "You cannot print an FIA-133A. The case is not registered."

Report Generation module (includes Case Reports and Management Reports Menus)

- RG-4.2.2.2.1 If the current case is registered or active, an update FIA-133A will be generated.
- RG-4.2.2.2.2 If the current case is closed/withdrawn, a closing/withdrawn FIA-133A will be generated.
- RG-4.2.3 If no case had been selected when the Case Report menu was accessed and the user attempts to print the FIA-133A, the FIA-5S, or the "Foster Care Action Summary" the following message must display: "A log number was not detected and one is required to access the selected section. Select OK to go to Case Listing, Cancel to abort section access request."
- RG-4.2.4 When calling the "Foster Care Action Summary" module, "Case Reports" must check the user and the case state before generating the report, as follows:
 - RG-4.2.4.1 The user must have update privileges to the selected case.
 - RG-4.2.4.1.1 If the user does not have update privileges, display a message that reads: "You cannot print an FIA-69. You do not have update rights to this case."
 - RG-4.2.4.2 The selected case must be at least Registered.
 - RG-4.2.4.2.1 If the current case is unregistered, display a message that reads: "You cannot print an FIA-69. The case is not registered."
- RG-4.3 If the user performs an action upon the database after the database has timed the user out, SWSS must automatically reconnect to the database and continue working.
- RG-4.4 Central Office users (county 84) need inquiry access for case information.

RG-5 OUTPUT REQUIREMENTS:

- RG-5.1 See specific requirements for each of the following reports:
 - RG-5.1.1 Case Reports Menu
 - RG-5.1.1.1 FIA-133a
 - RG-5.1.1.2 FIA-5S for Medicaid
 - RG-5.1.1.3 FIA-176 Notice of Case Action
 - RG-5.1.1.4 FIA-719 CPA Case Report
 - RG-5.1.1.5 FIA-69 Foster Care Action summary
 - RG-5.1.1.6 FIA-3205 JJ/FC Ward Benefit Eligibility Record
 - RG-5.1.1.6.1 The printing requirements for the FIA-3205 are located in the Funding Module documentation.
 - RG-5.1.1.7 FIA-90 Placement Outline

Report Generation module (includes Case Reports and Management Reports Menus)

RG-5.1.2 Management Reports Menu

RG-5.1.2.1 SWS-008 Case Load Management

RG-5.1.2.2 Provide the ability to View and Print SWS-008

RG-5.1.2.3 SWS-004 Adoption Active Case Load

RG-5.1.2.4 SWS-001, 002 & 003 Worker Case Planning Reports (Adoption, Juvenile Justice and Foster Care)

RG-5.1.2.5 Provide the ability to View and Print SWS-001, 002 & 003

RG-5.1.2.6 SWS-007 Juvenile Justice Escape/AWOL

RG-5.1.2.7 SWS-005 & 006 Active Case Management Reports (Foster Care and Juvenile Justice)

RG-5.1.2.8 SWS-009 AWOL Report for Children's Foster Care

RG-6 MISCELLANEOUS REQUIREMENTS:

RG-6.1 None.

5 EXAMPLE OUTPUT

Gather and include the forms and letters generated by this module. If possible, mark up the examples to explain the data fields to show the source or whether or not it is required.

5.1.1 FIA-133A

1. Case Name (Last, First, M.I., Suffix)		2. Homeless <input type="checkbox"/>		3. Living Arrangement Code *		4. Case	
5. Residential Address				6. Program Group Mailing Address (If Different from Residential)			
a. Attn: Care Of				a. Attn.: Care Of			
b. Misc. Address Info.				b. Misc. Address Info.			
c. Street Address				c. Street Address			
d. 2nd Address Info.				d. 2nd Address Info.			
e. City		f. State	g. Zip Code		e. City		f. State
h. Home Phone	i. Alt. Phone		j. TTY/TDD		7. Residence County / District		
9. Representative Type *		10. Representative Name / Agency Name (Payees, Contacts, 3rd Party) See page 2 for Rep. Address and PI					
11. Client Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition (For Additional)							
a. Last Name, First Name, M.I., Suffix		b. Grantee Indicator Yes	c. Primary Language *		d. Client ID 00		e. Social Security Number
i. Previous Names, A.K.A., etc.		j. Migrant Indicator No	k. Race Code *		l. Multiracial No		m. Secondary Race Code 1 * *
						n. Hispani	
Service Registration, Referral or Change Data							
12. Referral/Change Date	13. Worker Signature		14. Load Number				15. Referring Worker Name
			District	Section	Unit	Worker	Phone
28. Referral Narrative:							

1. Case Name (Last, First, M.I., Suffix) Continued from Page 1										Case			
10. Representative Name / Agency Address (continued)						17. Other Group Member Address							
a. Attn: Care Of						a. Attn.: Care Of							
b. Misc. Address Info.						b. Misc. Address Info.							
c. Street Address						c. Street Address							
d. 2nd Address Info.						d. 2nd Address Info.							
e. City				f. State		g. Zip Code		e. City				f. State	
h. Home Phone		i. Alt. Phone			j. TTY/TDD		h. Home Phone				i. Alt. Phone		
Client Number 2. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition													
a. Last Name, First Name, M.I., Suffix				b. Grantee Indicator No		c. Primary Language *		d. Client ID 00		e. Social Security Number		f. Other	
i. Previous Names, A.K.A., etc.				j. Migrant Indicator No		k. Race Code *		l. Multiracial No		m. Secondary Race Code 1 * *		n. Hispanic M	
Client Number 3. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition													
a. Last Name, First Name, M.I., Suffix				b. Grantee Indicator No		c. Primary Language *		d. Client ID 00		e. Social Security Number		f. Other	
i. Previous Names, A.K.A., etc.				j. Migrant Indicator No		k. Race Code *		l. Multiracial No		m. Secondary Race Code 1 * *		n. Hispanic M	
Client Number 4. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition (For Additional)													
a. Last Name, First Name, M.I., Suffix				b. Grantee Indicator No		c. Primary Language *		d. Client ID 00		e. Social Security Number		f. Other	
i. Previous Names, A.K.A., etc.				j. Migrant Indicator No		k. Race Code *		l. Multiracial No		m. Secondary Race Code 1 * *		n. Hispanic M	

1. Case Name (Last, First, M.I., Suffix) Continued from Page 2						Cas
Client Number 5. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Dispo						
a. Last Name, First Name, M.I., Suffix	b. Grantee Indicator No	c. Primary Language *	d. Client ID 00	e. Social Security Number		
i. Previous Names, A.K.A., etc.	j. Migrant Indicator No	k. Race Code *	l. Multiracial No	m. Secondary Race Code 1 * *		n. Hispan M
Client Number 6. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Dispo						
a. Last Name, First Name, M.I., Suffix	b. Grantee Indicator No	c. Primary Language *	d. Client ID 00	e. Social Security Number		
i. Previous Names, A.K.A., etc.	j. Migrant Indicator No	k. Race Code *	l. Multiracial No	m. Secondary Race Code 1 * *		n. Hispan M
Client Number 7. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Dispo						
a. Last Name, First Name, M.I., Suffix	b. Grantee Indicator No	c. Primary Language *	d. Client ID 00	e. Social Security Number		
i. Previous Names, A.K.A., etc.	j. Migrant Indicator No	k. Race Code *	l. Multiracial No	m. Secondary Race Code 1 * *		n. Hispan M
Client Number 8. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Dispo						
a. Last Name, First Name, M.I., Suffix	b. Grantee Indicator No	c. Primary Language *	d. Client ID 00	e. Social Security Number		
i. Previous Names, A.K.A., etc.	j. Migrant Indicator No	k. Race Code *	l. Multiracial No	m. Secondary Race Code 1 * *		n. Hispan M
Client Number 9. - Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Dispo						
a. Last Name, First Name, M.I., Suffix	b. Grantee Indicator No	c. Primary Language *	d. Client ID 00	e. Social Security Number		
i. Previous Names, A.K.A., etc.	j. Migrant Indicator No	k. Race Code *	l. Multiracial No	m. Secondary Race Code 1 * *		n. Hispan M
For Additional Names, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition open a new v						

5.1.2 FIA-5S

CIS SERVICES TRANSITION DOCUMENT

Complete as needed for case opening, case changes, or case closing.

1. Transaction Number		2. Case Number		3. Case Name			4. Reg. Pend.	5. Co. Code	6. Neg Date		Code		7. PA Effect	8. PA-S SA-S FS CC SP CH															
9. Service Open		10. Service Close		11. Redt Date		12. Quarterly Date		13. Serv Elig		14. Target Grp		15. Fed Goal Status		16. P1 P2 P3 P4 P5 P6 P7 P8 P9		17. Methodology Indicator													
18. Specialist		19. FS Worker		20. CH Worker		21. Serv Worker 1		22. Serv Worker 2		23. Serv Worker 3		24. Serv Worker 4		25. Serv Worker 5		26. Grant													
27. CYS Data a. Living Arrngmt, b. Primary Prov. ID				28. Placement Date		29. Commitment a. County b. Date c. Offense		30. Court Indicator Cd		31. Referral Source		32. Acceptance Date		33. Productivity Status		34. Funding Source		35. HDCC		36. Adoption a. Type b. Suffix									
37. Foster Care Event						38. Arrest Date						39. Closing Code																	
40. Previous Case Number		41. 2nd Provider ID		42. Supervising Agency Ind.		43. Security Level		44. Security Override		45. Pre-Assessment		46. Post-Assessment																	
47. Case Name 48. In Care Of 49. Street 50. City, State, Zip								51a. 3rd Party Payee 3rd Party in Care Of 3rd Party Street 3rd Party City, State, Zip																					
52. Recip Name (Grantee)		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m.		n.		o. SSI	
53. Medicaid Eligibility for person in 52 above.		a. Open Code		b. Redet Dt		c. Pama		d. Status		e. Recipient PA-S		f. Person Status		g. MA Begin Date		h. MA End Date		i. Scope Coverage		j. Other Insurance		k. Eligibility Status		l. Mother Status		m. Father Status		n. Citizenship Code	
54. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
55. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
56. Recip Name		a. Client ID		b. Birth Dt		c. Sex		d. Race		e. SSN		f. SS Claim #		g. PA-S SA-S FS CC SP CH		h. SV		i. SP		k. RSDI		l. Hours		m. Earned		n. Other		o. SSI	
57. Reason Issued (completed for turnaround FIA-5S)										58. Worker Signature										59. Date									

FIA-5S (Rev. 2-98) Crystal Reports (SWSS App.)

5.1.3 FIA-719

CONTRACT AGENCY _____ WKR'S NAME _____
LOCAL FIA OFFICE _____ WKR'S NAME _____

CASE DATA REPLY FORM

PLEASE COMPLETE THIS FORM IN DETAIL. INDICATE ANY DISCREPANCY NOTED.

CHILD INFORMATION:

Last Name _____ First Name _____ MI _____

AKA Name _____ Case
Number _____

Sex ☐ Female ☐ Male DOB ____/____/____ Was DOB Estimated ? ☐
Yes ☐ No

Client ID # _____

Religion * _____ Previously Adopted? ☐ Yes ☐ No Age at adoption ____ ☐ mos.
☐ yr.

Language* _____ SSN _____ - _____ - _____

Race/Sovereignty _____ * Migrant Status ☐ Yes ☐
No

Multiple Racial Codes:

Secondary race - 1st _____ *

Secondary race - 2nd _____ *

Hispanic Ethnicity ☐ Yes ☐ No ☐ Unable to determine

"Has the question been asked 'Does this child have any North American Indian Heritage?'"

☐ Yes ☐ No

Tribal Documentation ☐ Pending ☐ Verified ☐ None

TRIBE: _____

RECOMMENDED TYPE OF FOSTER HOME:

Type: ☐ Family **# of Parents:** ☐ One Parent

COED: ☐ Yes ☐ No

☐ Group

☐ Two Parents

☐ Other

Handicap: Has the child been diagnosed with any of the following disabilities? ☐
None

☐ Emotionally Impaired ☐ Mentally Impaired ☐ Other Medically
Diagnosed Condition
☐ Physically disabled ☐ Visually Impaired ☐ Hearing Impaired
☐ Specific learning disability ☐ Speech and language ☐ Not yet determined

ATTACH ADDITIONAL COPIES OF THIS PAGE AS NEEDED

Parents***/relative/others

Name _____ Relationship to child _____ *

Address _____ City _____ State _____ Zip
Code _____

Phone # ____ - ____ - _____ Alt. Phone # ____ - ____ - _____

Sex ☐ Male ☐ Female DOB ____/____/____ DOB EST ☐ Yes ☐ No Legal
Parent of Child ☐ Yes ☐ No

Marital Status _____ * Was mother married at time of child's birth? ☐ Yes ☐ No
☐ Unable to determine

SSN: ____ - ____ - ____ * Religion* _____ Language _____

Education * _____ Occupation _____

Race _____ *

Secondary race code * 1st - _____ Secondary race code * 2nd- _____ Migrant
Statue ☐ Yes ☐ No

HISPANIC ETHNICITY: YES ☐ NO ☐ ☐ UNABLE TO DETERMINE

At the time of removal was the youth living with this person? ☐ Yes ☐ No ; If yes,
continue.

Does this person have primary caretaking responsibilities? ☐ Yes ☐ No
If yes, Caretaker Family Structure _____ *

Does this person have secondary caretaking responsibilities? ☐ Yes ☐ No

Does this person show an active interest in the ward? ☐ Yes ☐ No

Is this person to be contacted in case of an emergency? ☐ Yes ☐ No

Before removal, did this person have legal custody? ☐ Yes ☐ No

***** Complete this section for legal parents only**

Government Benefits

Deceased? ☐ Yes ☐ No **Date of death** ____/____/____

Retired? ☐ Yes ☐ No **Date of retirement**

____/____/____

Disabled? ☐ Yes ☐ No **Date of disability** ____/____/____

Veteran? ☐ **Yes** ☐ **No** **Dates of service** from
____/____/____ to ____/____/____

MEDICAL DATA FOR CHILD

Primary Physician

Physician's Last Name _____ First Name _____ MI _____
Address: _____ City _____ State _____
Zip _____
Telephone _____ - _____ - _____

Recent Check-ups:

Date of Last Physical _____

Date physician signed report _____ Was copy given to foster parents? Yes ☐
No ☐

Date of Last Dental _____ Date report signed _____

FORWARD COPIES OF MEDICAL AND DENTAL REPORTS TO FIA.

INDICATE ANY IMMUNIZATION HISTORY KNOWN

SHOTS	FIRST	SECOND	THIRD	FOURTH	FIFTH
	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>	<u>DATE</u>
DTP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
TB Test	_____	_____	_____	_____	_____
Hep. B	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Other :	Type _____	Date given _____			

OTHER INSURANCE OF RESPONSIBLE RELATIVE

☐ Primary ☐ Secondary Name of Insurance
Company: _____
Policyholder's Last Name _____ First Name _____
SSN _____
Employer: _____ Employer's Address _____
City _____
Group/Policy # _____ Certificate/Contract# _____
Service/Coverage Code: _____

5.1.4 FIA-69 Action Summary

**Foster Care
Action Summary
Family Independence Agency**

IDENTIFYING INFORMATION				
Case Name Bay Carla				
Case# V0612345K		Log# 93354		Print Date 9/28/1999
County 70	District 00	Section 00	Unit 00	Worker 03

Type of Action (Check One)

- ☐ Child Replacement
☐ Parent Move
☐ Caseworker Change
☐ Termination of Family Foster Care Placement

Effective Date: 09/28/1999

Child Information

Name: Bay Carla
Sex: F
Race: 1
D.O.B: 10/10/1992

FIA Case Number: V0612345K
Docket Number:
Funding Source:

(Former) Caseworker's Name:
Phone #:

Load Number:

New Caseworker's Name:
Phone #:

Load Number:

Parent Move Summary

Name:
Prior Address:

New Address:

Old Telephone:

New Telephone:

Child Move Summary

Caretaker(s) Name:
Moved From:

Caretaker(s) Name:
Moved To:

Telephone:
MPS Provider #:

Telephone:
MPS Provider #:

Complete Section A or B*

A: Foster care continues to be appropriate for the following reason(s):
(Check as many as apply)

- ☐ Children remain at risk if returned to the parental home
☐ No interested relatives for placement
☐ No appropriate relative placement

B: Reason for replacement or termination from foster care:
(Check as many as apply)

Requesting the move: ☐ Agency ☐ Foster Parent ☐ Child ☐ Court

Planned move, at least 72 hours notice to the foster family and the child (unless court ordered): ☐

Unplanned moved: (Can only be Foster Parent request and/or CPS complaint) ☐

Report Generation module (includes Case Reports and Management Reports Menus)

- | | |
|--|---|
| <input type="checkbox"/> Behavioral problems of the child | <input type="checkbox"/> Foster Parent crisis |
| <input type="checkbox"/> Emergency or temporary placement | <input type="checkbox"/> Placement with relatives |
| <input type="checkbox"/> Residential Placement | <input type="checkbox"/> Return home |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Placed in adoptive home | <input type="checkbox"/> Placed with siblings |
| <input type="checkbox"/> Complaint against foster parent/caregiver – Agency investigation (Check at least one) | |
| <input type="checkbox"/> <input type="checkbox"/> CPS Investigation | <input type="checkbox"/> <input type="checkbox"/> Licensing Investigation |
| <input type="checkbox"/> Unsuitable relative home | |
| <input type="checkbox"/> Other | |

Replacement preparation and/or termination appropriate to the child's capacity to understand; give a description on how the worker prepared the child and foster parent for the move:

If the child was not placed with siblings, explain why:

Information related to the care and supervision of the child or termination was shared with:

- | | | | | | |
|---|-------|------|---------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Mother | Date: | via: | <input type="checkbox"/> letter | <input type="checkbox"/> face to face | <input type="checkbox"/> telephone |
| <input type="checkbox"/> Father | Date: | via: | <input type="checkbox"/> letter | <input type="checkbox"/> face to face | <input type="checkbox"/> telephone |
| <input type="checkbox"/> New Care Giver | Date: | via: | <input type="checkbox"/> letter | <input type="checkbox"/> face to face | <input type="checkbox"/> telephone |
| <input type="checkbox"/> FIA/Referring worker | Date: | via: | <input type="checkbox"/> letter | <input type="checkbox"/> face to face | <input type="checkbox"/> telephone |

Information shared with new Care Giver(s) includes: (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Assigned caseworker | <input type="checkbox"/> School Records |
| <input type="checkbox"/> Reason(s) child removed | <input type="checkbox"/> Behavior management |
| <input type="checkbox"/> Case plan | <input type="checkbox"/> Visitation expectations/schedule |
| <input type="checkbox"/> Interactions with parents/siblings | <input type="checkbox"/> Consent to treatment card |
| <input type="checkbox"/> Abuse/neglect history | <input type="checkbox"/> School enrollment form |

For Termination of Family Foster Care Placement or Case Closure

- Reason for closure:
- Summarize services that were provided to the child and family:
- Summarize services currently being provided to the child and family:

Report Generation module (includes Case Reports and Management Reports Menus)

4. List services and needs which still need to be provided to the child and family:
5. Medical information to be given to parents or next provider: ☐ Yes ☒ No
6. Was termination or closure explained to all parties? ☐ Yes ☒ No
7. If termination is unplanned, summarize the reasons and circumstances surrounding the termination:

FIA Foster Care Worker: _____ Date: _____

Foster Care Supervisor: _____ Date: _____

FIA-718 10/98 (SWSS facsimile)
Last printed 09/28/99 1:44 PM

The Family Independence Agency will not discriminate against any individual or group because of sex, race, religion, age, national origin, color, marital status, disability or political belief.

5.1.5 FIA-176

5.1.6 FIA-3205

DATA ELEMENT DESCRIPTIONS

A table of all the data elements entered within this module. For each item, describe its range of acceptable values. Designate items as being required for ASSIST, CIS, LICENSING or AFCARS (and any combination thereof). Also describe what other modules check these values.

Show validation tables of combinations of data. Are there data dependencies?

6 HELP MESSAGES

There are to be three levels of help available: Screen, which describes how the process for the current module is supposed to work, Context-Sensitive, which describes a particular data field on the screen, and Status Panel, which offer hints about the field or command button with the current focus.

6.1 SCREEN (Section or Module level. Offers an entry point to the big help file.)

6.2 CONTEXT-SENSITIVE (“F1”, aka “detail”)

6.3 STATUS PANEL MESSAGES (formerly known as “Field Level” and “Baby” before that.)

7 MODULE DEPENDENCIES

Printing a FIA 133 is dependent on data entered to successfully register a case.

Printing a FIA 5s is dependent on data entered to successfully register a case.

Case Management and Planning Reports are dependent on data entered in cases that are opened.

Data within the FIA 719 CPA Report is dependent on information entered within the Child Info.

8 SCENARIOS

The requirements scenarios that call for data entered by this module. This is just a cross reference into the

9 TEST PLANS

The updated test plans written by the Program Office and/or the developer to verify the correctness of the finished application.

10 SOURCE MATERIAL

The following items are included for historical purposes only. The current requirements were derived from this source material, and are, in places, out of date, incorrect, or conflicting.

10.1 Original Requirement

10.2 Memos & Emails

10.2.1 Addendum 1

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: November 12, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Report Generation Module Documentation - Addendum 1

Based on discussions and review of other modules, it was determined that the October 20, 1999 memo regarding this module requires revision:

1. RG-4.2.1.3 through RG-4.2.1.6 and RG-4.2.2.3 through RG-4.2.2.5 need to be moved to the Out-of-Module requirements section.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Phil Rock
Nancy Presocki

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: October 20, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Report Generation Module Documentation

We have carefully reviewed the User Requirements document on the Report Generation Module and have the following clarifications:

Changes to October 13, 1999 Document (printed October 13, 1999):

1. Page 1, Purpose, 2nd paragraph: Change the word 'all' in the first sentence to "**some**",
2. Page 1, Purpose, 2nd paragraph: Delete the last sentence.
3. Page 2, 1st paragraph: Delete the words 'and collating'.
4. Page 2, 1st paragraph: Add 's' to form.
5. Page 2, 1st paragraph: Change the word 'completed' to "**updated**".
6. Page 2, 2nd paragraph, 1st line: Change the word 'those' to "**the**".
7. Page 2, 2nd paragraph, 2nd line: Delete 'associated with this module'.
8. Page 3, 1st paragraph, 1st line: Change the word 'those' to "**the**".
9. Page 5, RG-3.1: Add at end, "***without a log number in order to print a blank FIA-719 and the caseload management reports (see RG-5.1.5 through RG-5.1.9).***"
10. Page 6: Add the FIA-3205 as a report to be printed from this module.
11. Page 29, Outstanding Issues #1: Answer "no", the registration FIA-133a must only be printed from Case Registration.

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock
Sue Doby
Nancy Presocki

10.2.3 Memo July 7, 1999

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Nancy Presocki, Manager
SWSS Development Team

Date: July 7, 1999

From: Mary Ann Jensen, Consultant
SWSS Policy

Subject: Report Generation - 5S

As a result of the SMART meeting last Thursday and the Crossover Meeting today, two changes are needed in the "print 5S" process.

1. SMART decided that the print 5S process should not require an update to the USP Due Date if that date is in the past. Thus, the edit which checks that date must be removed. We will no longer edit that field.
2. When the missing values list identifies items missing in the child data section, the user should be taken to the Member Info screen 1. This will allow the user to enter missing data for both the child and any other members with missing values without the interim step of returning to the missing values list.

Please let me know if you need additional information. Thanks.

cc: Sue London
Sue Doby
Phil Rock
Sue Tomes
Carol Kraklan

10.2.4 Email 5/20/99

From: Mary Ann Jensen
To: DSS.BUIS.PRESOCKIN
Date: 5/20/99 4:18pm
Subject: Form Letters

This is to confirm our discussion and the resolution of the capitalization problem in form letters. All name lines should be printed in the upper case but not in bold print.

Please let me know if your understanding is different. Thanks.

CC: DSS.BUIS.LONDONS2, DSS.BUIS.ROCKP, KRAKLANC2, TOME...

10.2.5 Memo: 5S

Report Generation module (includes Case Reports and Management Reports Menus)

REPORT GEN.

From: Carol Kraklan
To: DSS.BUIS(KhandalkarV)
Subject: SS -Reply -Reply -Reply

We need the AFCARS info sent in the last e-mail for living arrangements 01, 02, 03, 04, 22 and 23.

An address is required for all living arrangements except 20.

A name is required for all living arrangements except 07.

The placement specifications that Bonnie has, includes what information is required for each living arrangement.

>>> Virat Khandalkar 05/19/99 10:13am >>>

What about the Provider Address for LA = 02 and for other LA
(03,04,12,16,20,22 and 23) what's all Provider Info we need?-

Thanks,
Virat

10.2.6 Memo: 5S

From: Carol Kraklan
To: DSS.BUIS.KhandalkarV
Subject: SS -Reply

1. If the bio-parents are unknown the check boxes on the child date should be "yes" instead of a "no" to get by the parents required information edits.
2. You are correct, Living arrangement 01-own home and goal of 08-return home is invalid. You will not need to change anything.
3. Yes, for editing purposes the 90 days edit is the first day of the month. Store the next due date as the end of the month.

I hope this has answered your questions. Please let me know if I was not clear.

>>> Virat Khandalkar 05/10/99 09:58am >>>
Hi Carol, I have doubts about following validations in SS.

1. There is a check I am having for a case where there are no legal parents specified then the Bio-Parents known check boxes on child should be set to "No". Then this is a case of abandoned child. Is this right?
2. I got a error log saying the Living Arrangement - Goal combination: 01-8 is a valid combo which is invalid right now according the database values.
3. This is in reference to your Error# 2507. Actually now I am assuming the USP date to be the last day in month of the USP dt (that is how I have to put in the USP DueTickler) i.e. in this case if you try to input 8/1999 then it is assumed as 08/31/1999 and which is greater than Today+90 day's (8/5/1999).
So, this does sound to me as to assume the USP date as 1's day of month for validations and then store it as last day of month. Is that right?

Thanks,

Virat

CC: JENSENM2

**pre-implementation
issue - goal status
- eligibility code*

10.2.7 Memo: 133

E-4

From: Carol Kraklan
To: DSS.BUIS(CORKWELLB)
Subject: 133 & going to Adopt -Reply

Until it is open, print the order date. Once open print the actual date. The worker may have lost the first 133 and needs to print another one.

>>> Bonnie CORKWELL 05/07/99 09:29am >>>
Mickey & I have just one question on this, the 133 is printed when the order type(s) 17-19 are entered and it uses the order date for referral/change date. Now, the worker goes to report generation and prints another 133 (it's still a registered adoption case), should the current date be printed on this one or the order date?

10.2.8 Memo: commitment type code

E-3

From: Carol Kraklan
To: DSS.BUIS(HADICKM3)
Subject: I guess I meant commitment_type_code.... -Reply

Yes, as you can see from the test plan, it is full of e-mails. Documentation, right? I will make a copy of this and place it in the test plan also.

*Case
Summary*

Just show whats you got. Try and make this as simple as possible while also displaying the correct information.

>>> Mickey Hadick 05/03/99 01:19pm >>>
We only return the commitment date if the commitment type code is 220 or 296 for foster care and adoption (see previous email) for those select legal status codes.

We can either never check the commitment type code, as we do for JJ, or we can return a specific message if the type code is something other than 220 or 296 so that the user knows that there was a commitment but not one of the type we want, or we can just show what we gots. That last option is the simplest all around. I just want to spell out the options because these emails are the closest thing to a "design document" that we have.

10.2.9 Addendum 2

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: September 26, 2000

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Report Generation Module Documentation - Addendum 2

It is necessary to amend the Report Generation Module Documentation memos of October 20, 1999 and November 12, 1999. After focussed testing (SER #777) and discussions with program, project and development staff, it was noted that the following requirements need revision:

1. RG-4.2.3 must be modified as follows: “..... the following message must display: ~~“Case log number must be selected in order to print this report.”~~ **“A log number was not detected and one is required to access the selected section. Select OK to go to Case Listing, Cancel to abort section access request.”**”
2. Out of Module Requirements RG-3.1 through RG-3.5 can be deleted. These are contained in the appropriate modules or are no longer needed.

Please let me know if you need additional information.

cc: Carol Kraklan
Phil Rock/Jeanne Beckley
Sue Doby
Beth Dean

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: January 5, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Report Generation Module Documentation - Addendum 3

It is necessary to amend the Report Generation Module Documentation memos of October 20, 1999, November 12, 1999 and September 26, 2000. After focussed testing (SER #'s 2552 and 2668) and discussions with program and development staff, it was noted that the following requirements need revision:

3. Add a sub-requirement to RG-5.1.10 The printing requirements for the FIA-3205 are located in the Funding Module documentation.
4. RG-3.2 must be modified to state: "..... closed/~~withdrawn~~, a closing/~~withdrawn~~ FIA-133A will be generated and the FIA-133a may not be printed."

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: February 23, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Report Generation Module Documentation - Addendum 4

It is necessary to amend the Report Generation Module Documentation memos of October 20, 1999, November 12, 1999, September 26, 2000 and January 5, 2001. Review of the Documentation requirements and discussions with development staff have identified the need to move out-of-module requirements into the appropriate module.

5. RG-3.1 can be deleted.
6. RG-3.2, RG-3.3, RG-3.4, RG-3.5, RG3.6, RG-3.7 and RG-3.8 must be moved from Out-of-Module to Module requirements.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean
Vicki Weller

10.3 Test Plans

10.3.1 Test Plan Created by Policy

10.3.2 Test Plan Created by SWSS Development

11 OUTSTANDING ISSUES

11.1 The following items require a decision or some direction from Policy staff:

- 1 Is it viable now to allow the user to register cases via the Report Generation | FIA-133a menu selection, rather than forcing them to use the Case Registration module to print the FIA-133a?
- 2 RG-3.1 MAIN MENU REQUIREMENT: The Main Menu module must allow access to the Report Generation menu. This requirement is not currently in the Main Menu User Requirements document, and must be added.

12 ATTACHMENTS

12.1 A: List of SWSS Module Prefixes

MODULE PREFIXES TO BE USED FOR REQUIREMENTS

MODULE	TABLE
CASE LISTING	CL
MAIN MENU	MM
CASE REGISTRATION	CR
CHILD INFO	CI
MEMBER INFO	MI
LEGAL	LE
FUNDING DETERMINATION	FD
PLACEMENT	PL
PAYMENT	PA
EDUCATION	ED
MEDICAID	MA
MEDICAL PASSPORT	MP
FIVE DAY PACKET	FP
COMMENTS	CO
CASE SUMMARY	CS
CASE CLOSING	CC
MARE	MR
ADOPTION ACTIVITY	AA
REPORT GENERATION	RG
TICKLERS	TI
PROVIDERS	PR
UTILITIES	UT
LOGIN	LO
SECURITY	SC
PRINT133A	P1
PRINT5S	5S
ACTION SUMMARY	AS
CPA CASE REPORT	CP
PS XFER	PX
CONVERSION	CV
SOUNDEX	SO
COMMON	CM
RECONCILIATION	JTL